UNITED STATES DISTRICT COURT

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| Western D | istrict of Texas |
| United States of America v. MARK RYAN HAUSER Defendant |) Case No.) SA:22-CR-252-FB-(1)) |
| ARREST | WARRANT |
| To: Any authorized law enforcement officer | |
| YOU ARE COMMANDED to arrest and bring before (name of person to be arrested) MARK RYAN HAUSER who is accused of an offense or violation based on the following the company of the company | re a United States magistrate judge without unnecessary delay ng document filed with the court: |
| ✓ Indictment ☐ Superseding Indictment ☐ Information ☐ Probation Violation Petition ☐ Supervised Release Violation | |
| This offense is briefly described as follows: COUNT 1: 18/2252A(a)(5)(B); Possession of Child Pornogra | aphy |
| Date:05/18/2022 | Issuing officer's signature |
| City and state: San Antonio, Texas | Monica Granados-Ramos, Deputy Clerk Printed name and title |
| R | eturn |
| This warrant was received on (date) at (city and state) | , and the person was arrested on (date) |
| Date: | Arresting officer's signature |

Printed name and title

Print

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This second page contains personal identifiers provided for law-enforcement use only and therefore should not be filed in court with the executed warrant unless under seal.

(Not for Public Disclosure)

| Name of defendant/offender: | | |
|---------------------------------------------------------------------------------------------------------|---------|--|
| Known aliases: | | |
| Last known residence: | | |
| Prior addresses to which defendant/offender may still have ties: | | |
| Last known employment: | | |
| Last known telephone numbers: | | |
| Place of birth: | | |
| Date of birth: | | |
| Social Security number: | | |
| Height: | Weight: | |
| Sex: | Race: | |
| Hair: | Eyes: | |
| Scars, tattoos, other distinguishing marks: | | |
| | | |
| | | |
| History of violence, weapons, drug use: | | |
| | | |
| Known family, friends, and other associates (name, relation, address, phone number): | | |
| | | |
| FBI number: | | |
| Complete description of auto: | | |
| | | |
| Investigative agency and address: | | |
| | | |
| Name and telephone numbers (office and cell) of pretrial services or probation officer (if applicable): | | |
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| Date of last contact with pretrial services or probation officer (if applicable): | | |
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Reset